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ABSTRACT

An integrated curriculum offering regular high school science courses as well as special interdisciplinary courses at the learning disabled, average, and advanced ability levels, and courses and internships in health professions was implemented in a Kansas City high school. A formative evaluation of the Southeast Health Professions Magnet High School documents the progress made by the school during its first year of implementing the health professions theme. The evaluation was based on the goals and objectives set forth in the school's establishment plans. The evaluation showed that the program had an actual enrollment 19 percent below program capacity, although ninth-grade enrollment was 61 percent above program capacity. Program implementation has been encouraging, with classroom observations indicating greater than expected evidence of use of planned instructional models, infusion, and career planning. Perceptions of the first year indicated satisfaction among parents and students. Teacher perceptions were mixed, with teachers feeling they understood the theme of the program and that it was being implemented as planned, but expressing dissatisfaction with instructional leadership, communication among teachers and between staff and parents, and staff development activities. Forty percent of the teachers did not think that their students would make good academic progress in the theme. Achievement test data indicated that minority students, especially in grades 9 and 10, had gains in reading, mathematics, and science. Nonminority students in grades 9 and 10 scored above district and national norms but nonminority students in grades 11 and 12 scored below those norms. Recommendations were made to address the concerns of teachers, parents, and students to improve the program for the future. (KC)

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Formative Evaluation of the Southeast Health Professions Magnet High School

1990-1991

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August 1991

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Formative Evaluation of the Southeast Health Professions Magnet High School

1990-1991

William P. Moore
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August 1991

Evaluation Office
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The School District of Kansas City, Missouri

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Executive Summary

The Southeast Health Professions Magnet High School has completed its first year of operation as part of the Kansas City, Missouri School District's *Long-Range Magnet School Plan*. The school is currently under renovation as new health professions and science labs are integrated into the existing physical plant. Additional renovations will be undertaken during the next two years.

This formative evaluation report documents the progress made by the school during the first year of implementing the health professions theme. The evaluation is based on the goals and objectives established in the *Southeast High School Health Professions Magnet Planning Outline* and the *Long-Range Magnet School Plan*.

Enrollment and program capacity information indicates that Southeast has a ninth grade enrollment exceeding program capacity by 61%. Enrollment in other grades was substantially below grade level capacities. Grade twelve actual enrollment was below program capacity by 40%. The Southeast program, as a whole, had an actual enrollment 19% below program capacity.

Program implementation has been encouraging, considering typical first year hindrances, with classroom observations indicating greater than expected evidence of utilization of planned instructional models, infusion, and career planning. Perceptions of the first year of implementation indicated satisfaction among parents and students. While only 31% of the students had applied to be at Southeast, greater than 60% were glad they attended Southeast and almost 75% liked their classes at Southeast. Teacher perceptions were mixed. In general, teachers felt they understood the theme and felt the program was being implemented as planned. Alternately, teachers expressed dissatisfaction with instructional leadership, communication among teachers, and communication between staff and parents. Most teachers were not satisfied with staff development activities regarding the theme. Forty percent of the teachers did not anticipate their students would make good academic progress in the theme. Furthermore, only 38% of the teachers felt very safe teaching at Southeast. Lastly, overall ratings of program implementation indicated that 36% of the teachers felt the program was good or excellent with 5% rating the program as poor.

TAP achievement data, disaggregated by minority group membership, indicates that minority students at grade nine had gains from 1990 to 1991 in reading comprehension, written expression, and mathematics. Grade ten students demonstrated gains in reading, written

expression, math, and science. Grade eleven students had gains for written expression, and science. Grade twelve students made gains in reading and science. Due to low numbers of non-minority students at Southeast in 1990, no reliable conclusions could be made. While gains were found for minority students, this group is typically below district and national norms. Non-minority students in 1991 at grades nine and ten are typically scoring above the district and national norms. At grade twelve, non-minority students are scoring below national and district norms in each of the four content areas. Furthermore, grade twelve minority students are outscoring non-minority students in reading, math, and science.

FORMATIVE EVALUATION OF THE

SOUTHEAST HEALTH PROFESSIONS MAGNET HIGH SCHOOL

1990-1991

Introduction

This formative evaluation documents the progress made by Southeast Health Professions Magnet High School, (hereinafter cited as Southeast), at the end of its first year of implementing the health professions magnet theme. Southeast operates in accordance with the *Long-Range Magnet School Plan* (Hale & Levine, 1986), (hereinafter cited as the Long-Range Plan), and the *Southeast High School Health Professions Magnet Planning Outline* (Southeast High School Health Professions Magnet Planning Site Task Force, 1990) established by a magnet task force convened during the planning year of 1989-1990. Reflecting the guidelines of the Long-Range Plan, the planning outline established the structure, goals and objectives for the health professions magnet program at Southeast. Given the formative nature of this evaluation, the focus has been upon assessing the collection of enrollment, program capacities, and racial composition indices, implementation of the magnet theme, and achievement results, during the first year of implementation.

This report provides a brief discussion of Southeast's magnet program, the design of the evaluation study, and a presentation of the evaluation results. Conclusions and recommendations based upon obtained results are offered with an eye toward improved program functioning.

Program Description

The structure of the magnet program at Southeast is derived from the Long-Range Plan, a court approved document which outlines a six-year program to implement the magnet schools in the Kansas City, Missouri School District. The Southeast program is scheduled to be implemented with an eight hour day beginning with the 1991-1992 academic year. During the current year Southeast operated on a seven hour school day. Additional program specifications are detailed in the planning outline.

The health professions theme is, in part, expressed through the implementation of an expanded curriculum. Courses offered include the full compliment of high school science courses as well as special interdisciplinary courses offered at the learning disabled, average and advanced ability levels. In addition, the Long-Range Plan specifically notes,

> The curricular offerings will be designed to match the specific career goals of the individual students enrolled in the school. All students will be expected to take a full compliment of courses in the areas of mathematics, sciences, computer utilization and application, social studies, and English, as well as health specialty courses. Elective health specialty courses may include the following: Medical Survey; Medical Science Dental Laboratory; Medical Laboratory; and Nursing Laboratory. . . . All core academic courses will have health themes infused into their coursework and application (Hale & Levine, 1986, pp. 112-113).

Proposing a strong link between the medical community, medical higher education institutions, and independent health practitioners, the Long-Range Plan speaks to the need to provide students with experiential experience in field settings with nurses, physicians, dentists, medical assistants and technologists, and veterinarians (Hale & Levine, 1986). Further, the Site Plan identifies six specific objectives addressing the link between the health community, higher education, and the health professions program,

1. Health professionals will augment the health professions curriculum through activities such as lecturing, modeling, tutoring, and conducting labs and demonstrations (p. 4).

2. Students in grades eleven and twelve will participate in internship programs in health related careers (p. 4).

3. Assistance with study skills and peer tutoring programs will be provided by the University of Missouri Kansas City School of Medicine (p. 5).

4. After school and summer programs will be developed to provide tutoring, special project assistance, and enrichment experiences through cooperation among school personnel, community health professional volunteers, and area health professional schools (p. 5).

5. Opportunities for volunteer and paid work experience that provide exposure and experience in human service jobs will be provided (p. 3).

6. The curriculum will provide opportunities for college credit and other accelerated options for students planning to enter post-secondary health occupations or professional programs (p. 2).

a. The curriculum will be aligned to the admission requirements of the UMKC (University of Missouri Kansas City) Schools of Dentistry and Medicine, and other institutions of higher education who admit students following high school (p. 2).

b. The curriculum will provide (health) training opportunities for students intending to enter the job market after graduation (p. 3).

Specialty courses have been configured to reflect two emphases: medical business careers courses; and health and allied health professions courses. Furthermore, the ROTC unit at Southeast was reestablished as a MASH (Mobile Army Surgical Hospital) unit to reflect the magnet theme emphasis. Other courses infused with the theme have been created to maintain program emphasis: Computer Applications and Information Processing; Integrated Mathematics for the Health Professions; Foundations of Molecular Biology; Medical Anatomy and Physiology; Biophysics; Biochemistry; Medical Microbiology; Nutrition in Health and Disease.

Indicators of Program Implementation in Classrooms

While many of the above-mentioned aspects will be implemented throughout the school setting, specific activities and behaviors have been identified as indicators of program implementation in the classroom. Through consultation with program leadership the following activities are considered necessary components of the total infusion of the theme and related skills:

a. Observe instances of teacher utilization of the decision-making instructional model, noting the use of each step of the model,

b. Observe instances of teacher utilization of the career planning instructional model, noting the use of each step of the model,

c. Observe infusion of the health professions theme into all curricular areas,

d. Observe instructional integration of communication skills (reading, speaking, writing) into all curricular areas,

e. Observe opportunities for students to engage in team problem-solving or small group work,

f. Observe student opportunity to learn study skills, time and stress management.

The dominant instructional approach, as described by school leadership should include teacher efforts to integrate a decision-making instructional model. This model, which closely resembles a problem-solving paradigm and can be further eludicated as a hypothesis-testing process, has five important components which guide instructional action:

1. *Clarifying questions of inquiry* (i.e., what is the topic/question of which we are interested in answering?);

2. *Collecting information* (i.e., identifying sources of information and then utilizing these sources/activities to inform understanding of the problem/question);

3. *Identifying options* (i.e., exploring different configurations of action which could be taken to answer the question);

4. *Clarifying advantages and disadvantages* of different options;

5. *Taking action* (i.e., choosing one action configuration and engaging in this action to answer the question of interest);

6. *Evaluating the results* and using this information as feedback to inform the correctness/appropriateness of the decision. From this information the student returns to item 1 above to modify the question. This process is iterative.

In addition to these instructional activities, teachers are to encourage and provide career planning opportunities through regular instruction. When career planning is explored teachers are to implement a career planning instructional model which in many respects mirrors the activities of the decision-making model. The model has seven distinct phases:

1. *Self assessment* (i.e., identifying career and personal interests which could lead to a career. This may include interest inventories);

2. *Collecting information* about many different careers;

3. *Goal setting* (i.e., identifying important personal goals and aligning these goals to specific career paths);

4. I*dentifying actions* (i.e., given specific goals, determining the steps needed to reach these career goals);

5. *Identifying expected consequences* for each action strategy (e.g., going to college will require x dollars and x years of my time);

6. *Taking action* (e.g., applying to colleges; writing my resume; contacting potential employers);

7. *Evaluating results* and reexamining self assessment. Proceeding through the sequence with the new information.

The decision-making model and the career planning model are the two dominant instructional models in which the curriculum is explored with students. The effective integration of these instructional strategies, along with other focal activities such as opportunities for hands-on, active learning; improving student communication and study skills; cooperative learning activities; and the infusion of the health professions theme were the focus of the classroom observations conducted in the current year.

Evaluation Design

Information provided in this formative evaluation report addresses enrollment and racial composition progress toward court-ordered enrollment expectations, program implementation progress, and the perceptions and attitudes of program participants toward the Southeast Health Professions Magnet School Program for the first year of implementation (1990-1991).

Guiding the evaluation of the magnet program at Southeast has been the Long-Range Plan and the Southeast planning outline. This formative evaluation was designed to address the following questions:

1. Has the school met the established enrollment goals?

2. Was the program implemented as detailed in the *Long-Range Magnet School Plan* (Hale & Levine, 1986) and in the program's planning outline?

3. What are student, parent, teacher, and school leadership perceptions about and attitudes toward the program?

4. What are the levels of student achievement in the program?

Data collection for the current year consisted, in part, of gathering enrollment and racial composition data and achievement results. Enrollment and racial composition data are reported for the first year of implementation as well as the year prior to implementation. Program implementation was examined through classroom observations, on-site visitations,

interviews with school leadership, and administrations of student, parent, and teacher questionnaires. Student achievement, as measured by the Tests of Achievement and Proficiency (TAP), Missouri Mastery and Achievement Test (MMAT), and the Degrees of Reading Power (DRP) test, are reported for the year prior to implementation as well as the current year.

Results

Enrollment Goals

According to the *September 26, 1990, Student Membership* (Research Office, 1990) report and program capacities utilized by the district's Admissions Office, Southeast had a ninth grade enrollment exceeding program capacity by 61% (see Table 1). Furthermore, grades ten, eleven, and twelve had student enrollments substantially below program capacities. Total program enrollment was 19% below program capacity during the current year.

Table 2 reports enrollment by minority status for the year prior to implementation and the current year. According to figures reported in the *September 26, 1990, Student Membership* (Research Office, 1990) report, Southeast has had, and continues to have, a large minority student population. However, with the onset of the magnet program, non-minority enrollment increased by at least 2% at each grade level. Grade nine has shown the greatest change in non-minority enrollment with an increase of 4% since the year prior to implemen-

Table 1
Southeast Health Professions Program
Program Capacity and Enrollment
1990-1991

Grade	Program[1] Capacity	Actual[2]	Difference	Percent of Capacity
9	150	242	+ 92	161%
10	274	225	-49	82%
11	274	191	-83	70%
12	276	165	-111	60%
Total	974	791	-183	81%

[1] Program capacity utilized by the Admission's Office when placing students in magnet programs.

[2] From *September 26, 1990, Student Membership* (Research Office, 1990).

Table 2
Southeast Health Professions Magnet Program
Minority & Non-Minority Enrollment by Grade and by Year

	Baseline Year - Sept. 1989				Year 1 - Sept. 1990			
	Minority		Non-Minority		Minority		Non-Minority	
Grade	N	% of Total	N	% of Total	N	% of Total	N	% of Total
9	313	98%	7	2%	227	94%	15	6%
10	247	99%	3	1%	218	97%	7	3%
11	248	100%	0	0%	185	97%	6	3%
12	230	100%	0	0%	161	98%	4	2%
Total	1038	99%	10	1%	791	96%	32	4%

Note: From *September 26, 1990, Student Membership* (Research Office, 1990).

tation. Grade eleven had a 3% increase; grades 10 and 12 have had 2% increases in non-minority enrollment.

Implementation

The following section presents information relative to the functioning of selected aspects of the health professions magnet program at Southeast. The reader is reminded that this report and the evaluation activities it represents is formative. As such, conclusions regarding the success of the program must be withheld until the program has had sufficient time to implement and modify particular components. Thus, the reader is cautioned to avoid making summative judgments about the functioning of the program at Southeast at this time.

Transportation. According to school leadership, during this first year of implementation, student transportation to and from school was not a serious problem. Leadership reported that late deliveries were minor and did not create problems with program implementation.

Theme-related staffing. According to school leadership all theme-related positions have been staffed. This included three transition teachers and five health professions resource teachers. A vacant dental resource position was filled early in the spring semester. School leadership expects a need to add two additional registered nurse positions to teach health professions classes in the upcoming year. Depending upon budget considerations these positions may be staffed.

At the beginning of the current year an interim principal provided leadership for the school and the program. In early December, 1990, a new principal was approved by the district and the transfer of leadership occurred prior to the spring semester.

Theme-related supplies and materials. The acquisition of supplies and materials was problematic during the current academic year. In November, 1990, school leadership was asked to describe the status of theme-related supplies and materials. Accordingly, leadership indicated that, due to a larger class enrollment than anticipated, some students did not receive textbooks. Computers and computer furniture, as specified in the site plan, were not available but had been shipped. Lab equipment has been arriving regularly.

Renovation. The full implementation of the health professions magnet program, as stated in the Long-Range Plan and the site plan for Southeast, has been hindered by the ongoing renovation efforts. Renovation is to occur in three stages with stage one currently underway. During this first stage of renovation one science lab has been completed. During the summer months of 1991 an additional science lab will be constructed. Also, math classrooms, the industrial arts complex, and the ground floor will be renovated. The following health professions specialty labs have been proposed for the magnet program: Allied Health (Sports Medicine) Lab, Anatomy and Physiology Lab, Dental Lab, Health Care Skill Labs, Mental Health Care Lab, Medical Diagnostic Lab. Few of these labs were functional during the fall semester of the current year. The Dental lab was scheduled to be operational in temporary housing in the fall but the new dental resource instructor resigned at school start-up. The Dental lab became operational during the spring semester. In addition, two Health Care Skill labs were functional in temporary quarters during the spring semester. The Health Care Skill labs are configured to resemble hospital rooms with electric beds, wheelchairs, sinks, and mannequins. The Mental Health Lab has been held in a regular classroom. It is expected that two Health Care Skill Labs, one Dental Lab, one Mental Health Lab, and a Medical Diagnostics Lab will be in operation during the 1991-1992 academic year. However, all health professions labs will be housed in temporary locations. The Allied Health (Sports Medicine) Lab will include summer internships and will be functional this summer. The Anatomy and Physiology lab will be functional in the fall of the upcoming year. School-wide renovation efforts are scheduled for completion during the summer of 1992.

Field experiences. As part of the health professions curriculum, students in the upper grades are expected to enroll in a Field Experience course. Through a cooperative arrange-

ment with local health care facilities, students participated in off-campus clinical observational rotation at Research Medical Center, Swope Ridge Geriatric Center, and Veterans Administration Medical Center. During the current year, the two Field Experience classes made 66 visits to health care institutions. An additional Field Experience section will be offered in the upcoming year bringing the total to three sections. Off-site visitations, such as these, require two staff members to supervise the students. Each class limits enrollment to 15 students to maintain a low pupil-to-teacher ratio. Students have a two hour block of time including travel time. School leadership has proposed a three hour block for the upcoming year to allow more on-site time. It is expected that this will occur given the new eight hour school day to be implemented during 1991-1992.

Future program offerings. In addition to the offerings mentioned earlier (e.g., Medical Diagnostic Lab, Field Experiences) school leadership has scheduled additional health professions opportunities to be introduced during the upcoming year. Students will have the option to enroll in Exercise Physiology, Health Professions Computer Applications, Nutrition, Parenting, and Health Consumer Education. Further, a Biophysics course will be offered as will a Sports Medicine class. During the summer months of 1991 students will have the opportunity to participate in a summer program in sports medicine. In cooperation with Park College students will work 70 hours with coaches and the athletic director during practices and competitions. The program's intent is to provide students with hands-on learning and observation opportunities in sports medicine.

Classroom Observations

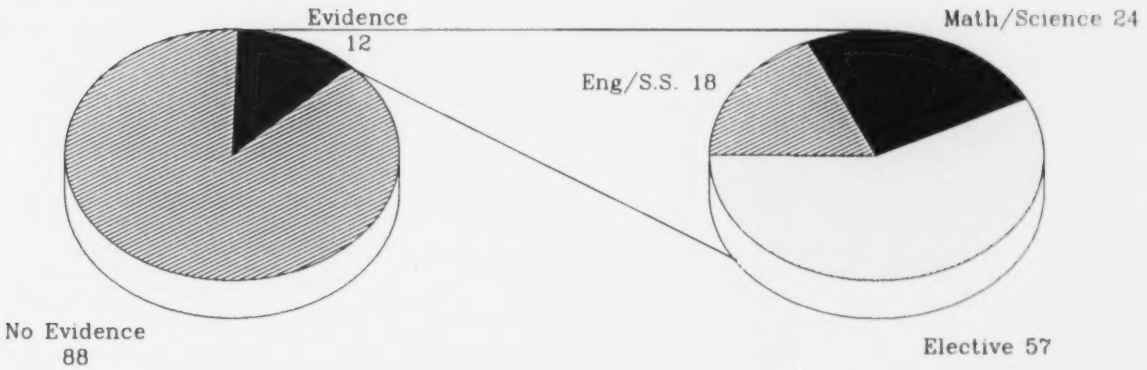
During the period spanning October through April, three classroom observation visits were made weekly. Each visit consisted of a planned 20 minute observation with each minute treated as a separate observation interval. Randomly selected classrooms representing theme classes, English or social studies classes, math or science classes, and elective classes were the focal settings for observations during each visit. Data regarding the occurrence of the previously mentioned target behaviors were gathered (see Classroom indicators of program implementation section).

Infusion of health professions theme. Based on 1,040 observation intervals in English, social studies, math, science, and electives classrooms, 12% of the observation intervals had evidence of infusion of the health professions theme (see Figure 1). Further, greater than half of the infusion effort was found to be occurring in elective classrooms (57%). Twenty-four

Figure 1

Infusion of Health Theme

Percent of Observations with Evidence



Infusion Observed Infusion by Curricular Area

Figures are rounded to the nearest whole percent. Based on 1040 observation inter -vals.

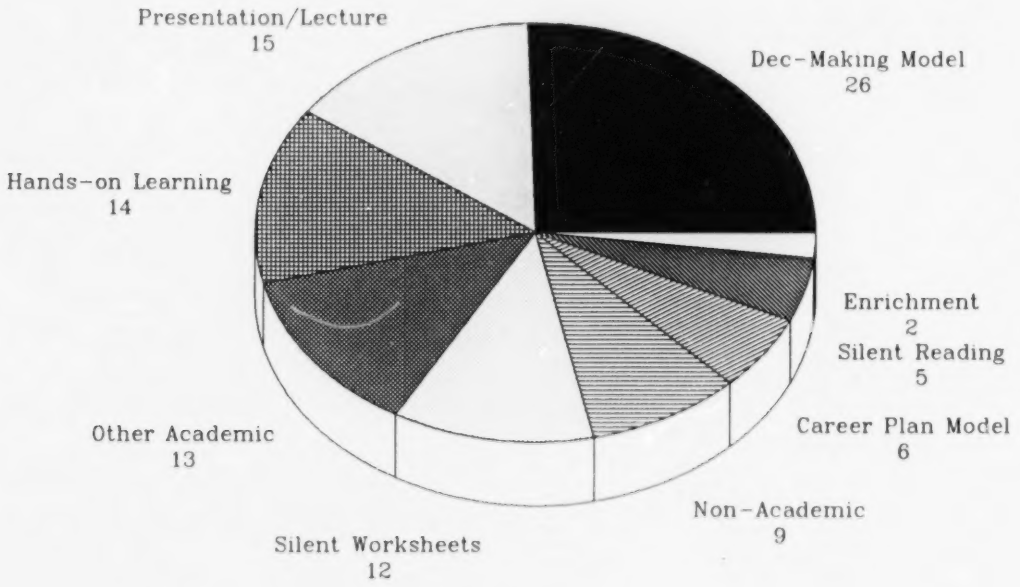
percent of the evidence was found in math and science classrooms and 18% of the evidence was found in English and social studies classrooms.

Use of instructional models. Teachers appear to be using the decision-making instructional model at a rate greater than any other instructional activity (see Figure 2). The finding that 26% of the 1,040 completed observation intervals had evidence of utilization of the model is an encouraging indication that the program, as designed, is being implemented at the classroom level. Furthermore, the career planning model was in evidence during 6% of the observation intervals. While this figure may appear to be low, findings of other evaluation studies within the district (Moore, 1990) indicate that the rate found in the current evaluation is well beyond the rate found elsewhere. One particular finding of concern is the rate of silent seatwork (worksheets, 12%; reading 5%) as compared to hands-on active learning (14%). Active learning may assume a more dominant representation with students as the program develops. Lastly, students were found to be engaged in some form of academic pursuit during 91% of the observation intervals.

When the decision-making model was used in classroom instruction (n= 439 observation intervals), the findings indicate that teachers predominately emphasized the first two steps in the model, although five of the six steps were in evidence (see Figure 3). The one step not found to be evident was "taking action" which may well have occurred but not identified as part of the decision-making model sequence. Further, many actions may well have been taken outside of the classroom (e.g., writing a resume, applying to employers). Given that the last step "evaluating results" was evident in 3% of the intervals, it follows that "taking action" did occur. The lower rates found for the last three steps (clarifying advantages/disadvantages, taking action, and evaluating results) would be expected as students and teachers become acquainted with this new mode of learning and teaching. Further, it would be expected to find a greater proportion of time spent on the first three steps (clarifying questions, collecting information, and identifying options) given the time-intensive nature of these activities, as is typically true in empirical scientific studies.

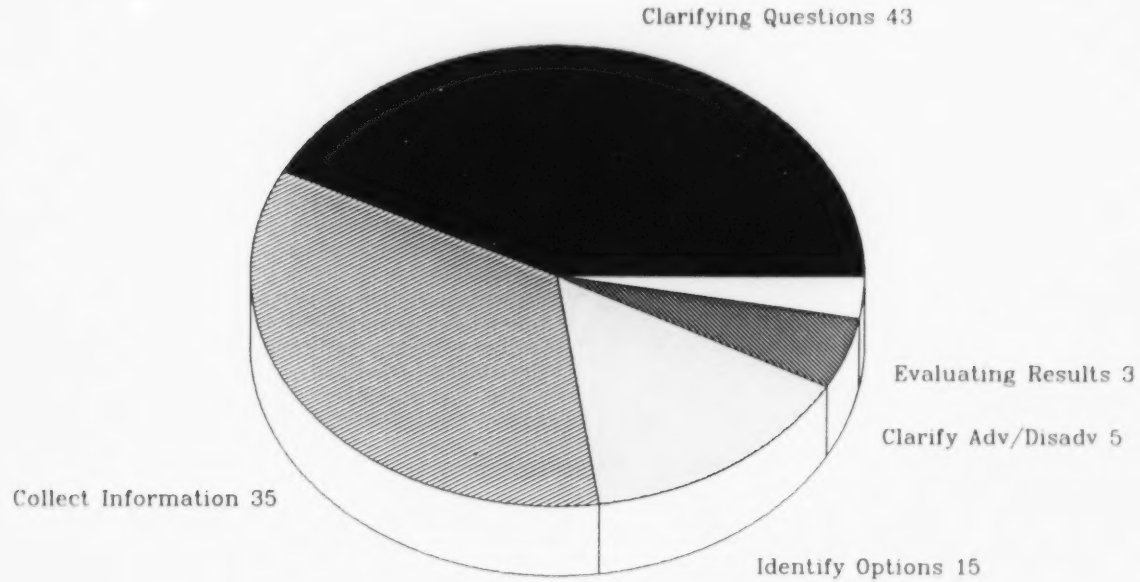
The rate of utilization of the decision-making model was examined across curricular areas. The findings suggest similar patterns of use among different content teachers (see Figure 4). Of particular interest was the finding that theme classes (Health Professions) tended to engage in a greater degree of information collection than did other classrooms. Alternately,

Figure 2
Classroom Instructional Activity
Percent of Observations with Evidence



Note: Percentages are rounded to the nearest whole percent. Based on 1040 observation intervals.

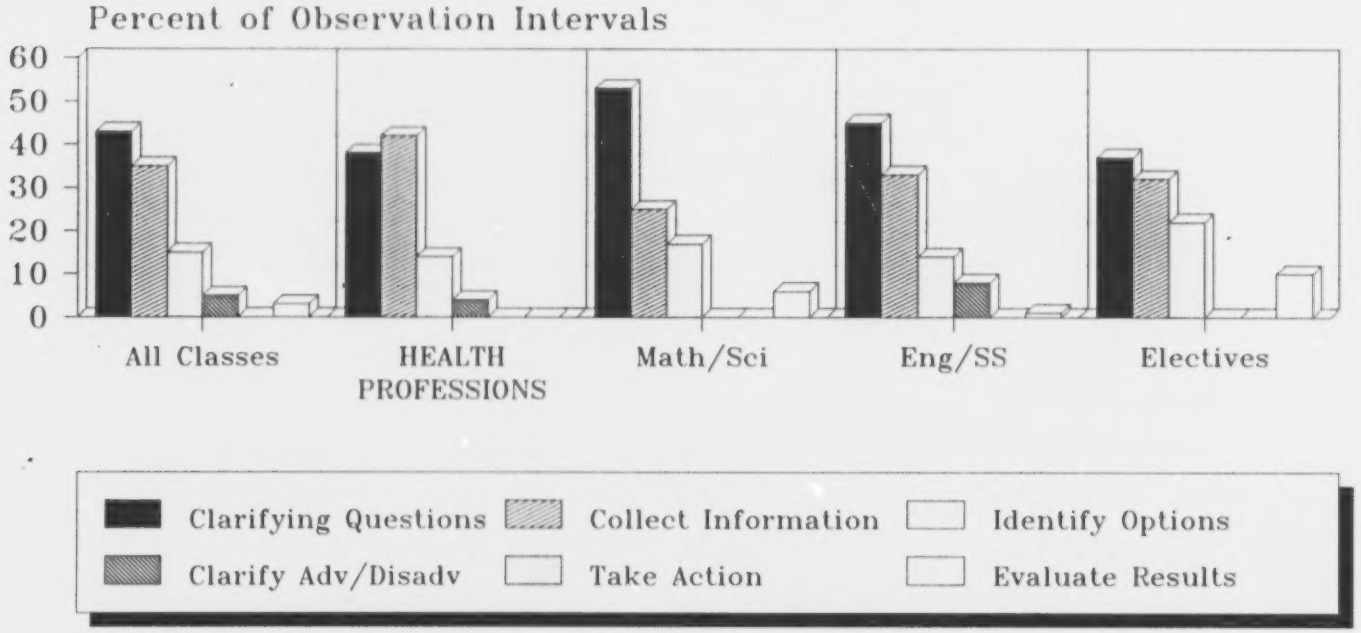
Figure 3
How Decision-Making Model was Used when Included in Instruction



Figures are rounded to the nearest whole percent. Based on 439 observation intervals in which model was used

Figure 4

How Teachers Used the Decision-Making Model by Curricular Area



Figures are rounded to the nearest whole percent. Based on 1040 observation intervals.

theme classes did not have evidence of evaluating results. All other classes did have evidence of this step in the model.

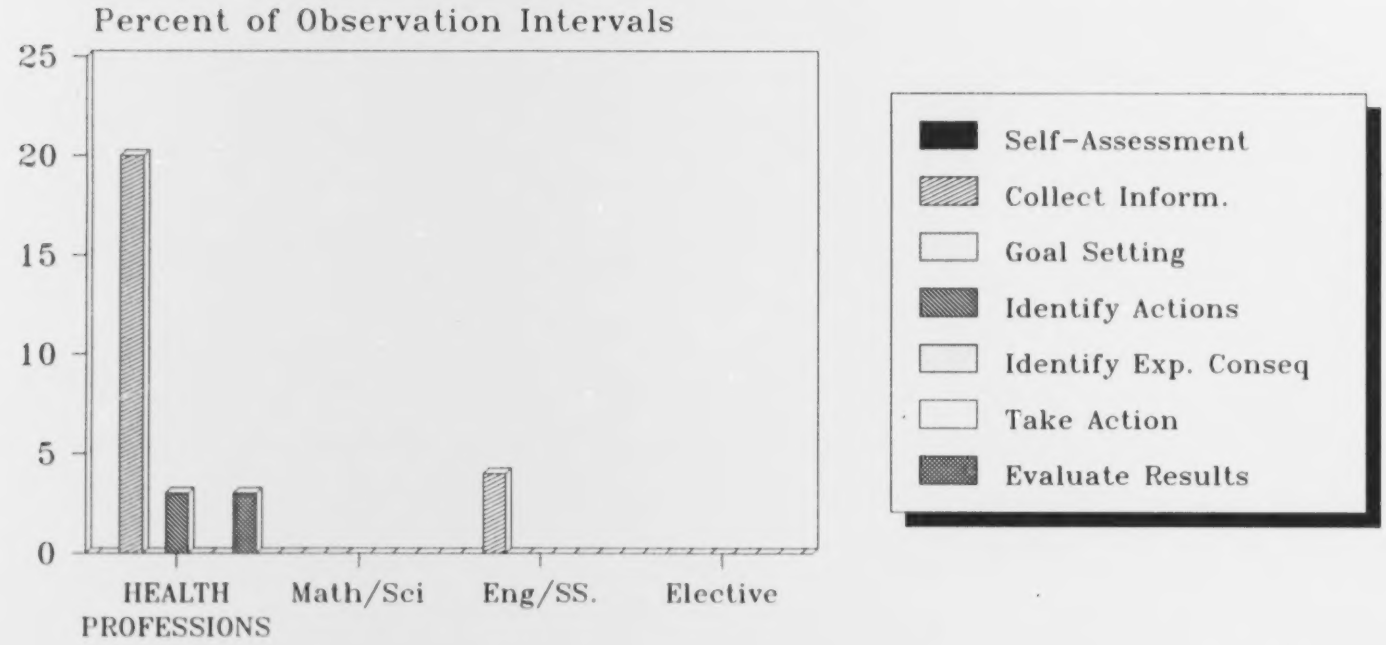
Classrooms were observed further to determine the rate of utilization of the career planning instructional model by curricular area (see Figure 5). The findings indicated that the majority of career planning instruction was conducted in health professions classes. Further, the dominant career-related activity was collecting information related to different careers. No evidence of career planning was found in math, science, or elective classes.

Instructional grouping strategies. As discussed previously, the health professions program is designed to provide students with the opportunity to develop cooperative learning and working habits, emphasizing a team-oriented learning approach. While this form of instruction is most commonly found in applied settings, such as laboratory exercises, it would be expected to be in evidence as well in the classroom setting. The findings of the classroom observations indicated that teachers are utilizing a variety of grouping strategies (see Figure 6). Slightly more than half of the observation intervals had evidence of total group instruction (e.g., lecture, presentation) and greater than 35% had evidence of individualized or individual learning. Small group or cooperative learning groups were found in 5% of the observation intervals. Other (e.g., dyads, multiple group configurations at once) were found to be present during 3% of the observation intervals.

When instructional grouping was examined by curricular area it was found that health professions classes engaged in less total group instruction, more individual instruction, and more "other" forms of grouping than did the other classes (see Figure 7). Furthermore, with the exception of the electives classes (e.g., physical education, art, etc.) theme classes were more likely to engage in small group, cooperative learning activities.

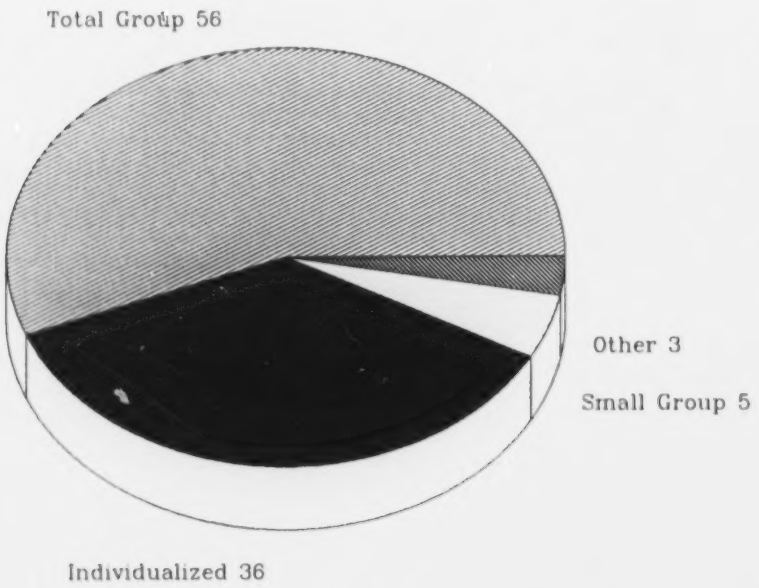
Instruction engaging student communication. Greater than 70% of the observation intervals found evidence of teachers engaging student communication skills (see Figure 8). While the methods utilized did not identify whether the skill was reading, writing, or spoken communication skills, the findings do suggest that teachers are encouraging students to utilize their communication skills. While Figure 8 does not speak to the differences in engagement across curricular areas, other results indicated that math/science and health professions classes were engaging in these skills at a rate greater than other classrooms. The results were: English/social studies classes (71%), math/science classes (94%), health professions classes

Figure 5
Instruction Integrating Career Planning by Curriculum



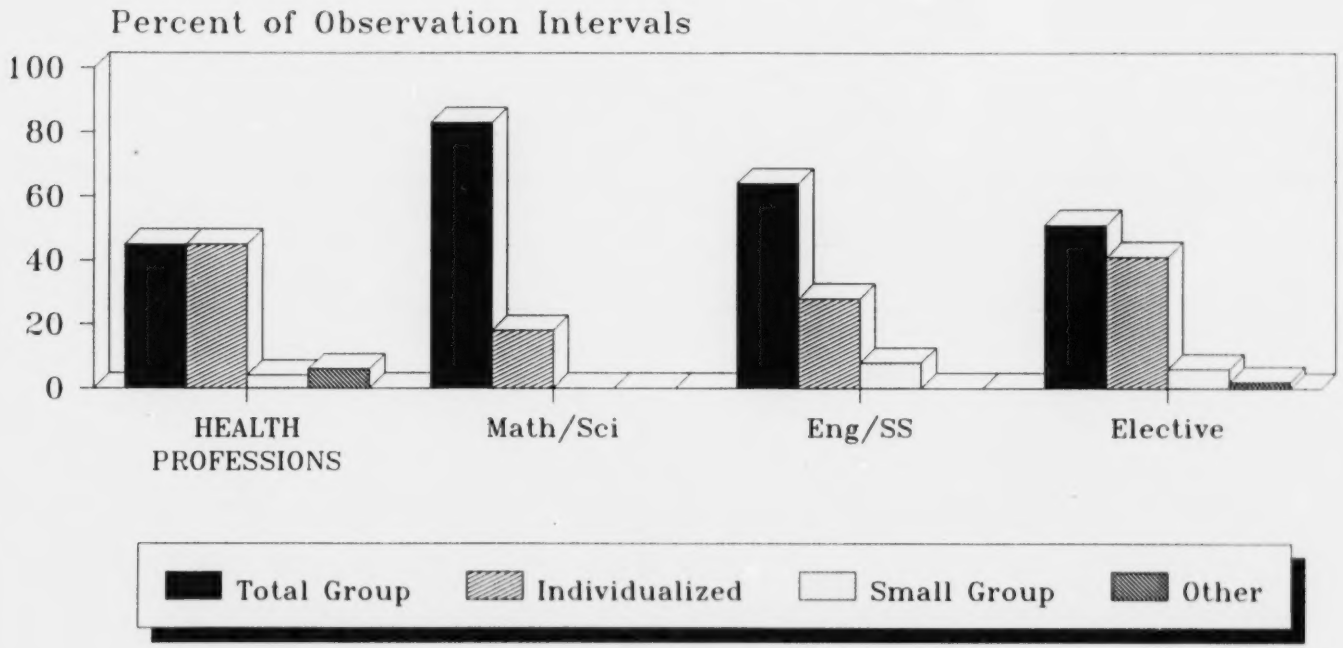
Figures are rounded to the nearest whole percent. Based on 1040 observation intervals.

Figure 6
Instructional Grouping Strategies
Percent of Observations with Evidence



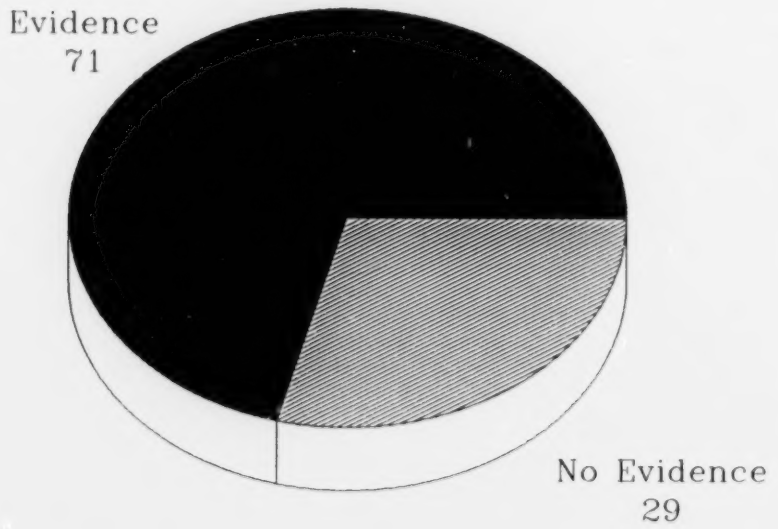
Figures are rounded to the nearest whole percent. Based upon 1040 intervals.

Figure 7
Instructional Grouping Strategies by Curriculum



Figures are rounded to the nearest whole percent. Based on 1040 observation intervals.

Figure 8
Instruction Engaging Student Communication: Reading, Writing, Spoken



Figures are rounded to the nearest whole percent. Based on 1040 observation inter-vals.

(87%), and electives classes (45%). This activity will be explored further in the upcoming year by identifying to what degree each of these individual skills are evident.

Instruction to improve student study skills. As can be seen in Figure 9, slightly less than 30% of the observation intervals found evidence of instruction to improve student study skills, including time and stress management. Interestingly, math/science classes tended to provide greater study skills instruction than did the other classes (64% of the observation intervals had evidence). Health professions classes had evidence of study skills instruction in 33% of the observation intervals while English/social studies and electives classes had evidence during 23% of the observation intervals. These findings suggest that teachers are providing instruction to assist students to be more effective learners.

Health professions laboratories.

Beginning with the fall semester of year two, each health laboratory (dental, mental health, patient health care) will be visited during each building visit. Initially, these labs were scheduled to be observed during the current year. However, problems in staffing resource personnel and acquiring equipment early in the current year led to the decision to forego evaluative efforts until year two.

Perceptions

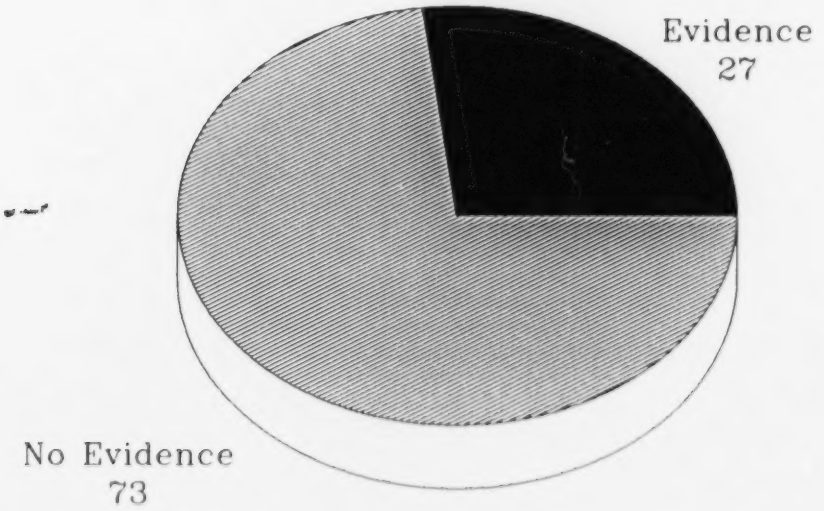
Students, parents, and teachers were contacted during the academic year to gather their perceptions of program functioning and to gain insight into emerging issues of importance. Student questionnaires were administered in a random sample of English classrooms with approximately 25% of the classrooms sampled. Parent perceptions were gathered through a telephone survey of a random sample of 25% of the Southeast parents. Teachers had the opportunity to respond to questionnaires administered in the fall and spring semesters.

Teacher perceptions. Teacher perceptions of program implementation progress were gathered during two regularly scheduled faculty meetings (N= 59). Teachers responded to a 22 item group-administered written questionnaire. The fall questionnaire addressed school start-up issues and initial attitudes toward the program. The spring questionnaire asked teachers to reflect upon their first year in the program and focused more upon their satisfaction with particular components of program implementation. Teachers were assured anonymity and given the opportunity to provide additional comments. For reporting purposes the items from both questionnaire administrations are reported in a single table (see Table 3).

Figure 9

Instruction to Improve Study Skills

Percent of Observations with Evidence



Figures are rounded to the nearest whole percent. Based on 1040 observation inter -vals

Table 3
Teacher Perceptions
Southeast Health Professions Program
1990-1991 (N = 59)

Item Content	Agree	Disagree
1. Health Professions theme is clear.	96%	4%
2. Informed about magnet school plan.	91%	9%
3. School is implementing theme.	83%	17%
4. Building magnet theme support staff provided support to implement theme.	60%	40%
5. Building level administrative support staff provided support to implement theme.	72%	28%
6. Health professions resource staff are a valuable instructional resource.	61%	39%
7. Believe the current and proposed health labs will be useful to me in my instructional efforts.	51%	49%
8. Information needed to infuse theme has been provided.[1]	76%	24%
9. Able to infuse magnet curriculum.[1]	78%	22%
10-13. There is good communication at this school:		
10. Among the faculty;	48%	52%
11. Between faculty and administration;	54%	46%
12. Between staff and parents.	40%	60%
13. Between staff and students.	63%	37%
14. Satisfied with staff development regarding theme.	46%	54%
15. Satisfied with staff development regarding theme infusion.	43%	57%
16. Would like additional staff development regarding infusion of health professions theme.	44%	56%
17. Satisfied with staff development/in-service regarding magnet school plan.	56%	44%
18. Able to get materials to implement theme.	54%	46%
19. I am satisfied with the quality of instructional leadership provided by the administration this year.	57%	43%
20. I believe my students will make good academic progress in this magnet program.	60%	40%
21. I feel professionally challenged working in the health professions magnet program.	72%	28%
22. What is your overall rating of this school:		
Excellent	4%	
Good	32%	
Average	39%	
Fair	21%	
Poor	5%	

Note: Percentages are rounded to the nearest whole percent. Only those teachers who had expressed an opinion are included. Those responding "no opinion," "do not know," or "not applicable" are not included in the results.

[1] Only teachers who teach non-theme subjects are reported.

General program knowledge. Teachers reported understanding the nature and thrust of the health professions theme (item 1; 96%) and felt informed about the district's and school's magnet school plan (item 2; 91%). Further, slightly more than 80% believed the school has been implementing the theme as planned (item 3; 83%).

Support and information. Questionnaire items 4 through 9 and item 19 queried teachers about their perception of the support received from building level personnel. Initially, it was found that most teachers felt they had received support to implement the theme from building administration. Alternately, when asked about the support received from building theme resource staff teachers, they were less satisfied (items 4 and 6). Teachers reported greater support from building level administrative staff than from resource staff. Alternately, almost half of the teachers **were not** satisfied with the quality of instructional leadership provided by school based administrators (item 19). These findings may indicate the perception that teachers feel they have received administrative support but not instructional support from either resource teachers or administrators.

Approximately half of the teachers **did not** believe the theme labs will be (or have been) useful in their instructional efforts. This perception should change as planned labs become functional. Alternately, this may be an early warning to school leadership of the need to provide non-theme teachers with suggestions of how the labs may be useful instructional resources.

Communication. Teachers appear split regarding the quality of communication among program participants. Items 10 through 13 indicated that a high percentage of teachers believed communication was **not** good among the faculty and between staff and parents. Alternately, slightly more than half the teachers believed communication between faculty and administration was good. Furthermore, greater than 60% reported that communication was good between staff and students.

Staff development/in-service. Overall, the majority of teachers reported not being satisfied with the staff development/in-service they had received during the current year. Items 14 through 17 indicated that less than 50% of the teachers were neither satisfied with staff development regarding the health professions theme nor infusion strategies for the theme. Further, most teachers did not wish to receive further staff development regarding infusion of the health professions theme. Lastly, slightly more than 50% of the teachers were satisfied with staff development/in-service regarding the magnet school plan.

Physical safety at school. Teachers were asked to indicate the degree of safety they felt while working at Southeast during the current year. Teachers could respond to one of three choices: feel very safe; feel moderately safe/unsafe; feel very unsafe. Thirty-eight percent of the teachers indicated feeling very safe; 54% felt moderately safe/unsafe; and 9% of the teachers indicated feeling very unsafe.

General program perceptions. Three items asked teachers to reflect upon their perception of the student, teacher, and program experience (items 20, 21, and 22). Sixty percent of the teachers believed their students would make good academic progress in the health professions magnet program. Seventy-two percent of teachers felt professionally challenged teaching in the health professions magnet program. Lastly, teachers rated the overall program based on their experience in the current year (item 22). While only 4% of the teachers rated the program as excellent, 36% of the teachers felt the program was good or excellent. Twenty-one percent rated the program as fair and 5% believed the program implementation was poor.

Parent perceptions. In a random sample of 174 (21%) parents/guardians of Southeast students, parents reported generally positive perceptions of the magnet program and their experience with school staff (see Table 4). Furthermore, 58% of the parents believe themselves to be fairly well or very well informed about the health professions program at Southeast.

General program perceptions and experiences. Parents were asked whether they knew how students were chosen for admission and placement in magnet school programs (first come, first served with specific quotas for minority and non-minority students). Sixty-three (36%) parents knew how students were selected for magnet school placement. Of these 63 parents, less than half of the parents considered the method of selection to be fair and equitable (item 3). According to parent responses, 63 (36%) children applied for admission to the health professions magnet program at Southeast. Of these parents, 95% felt their child's application was handled in a reasonable amount of time.

Parents were asked whether they understood the nature and purpose of the health professions magnet program (item 4). Seventy-five percent felt they understood the theme. Similarly, most parents reported feeling that their participation at the school was welcome (95%, item 13) and 73% felt that opportunities for involvement were good or excellent (see Table B-1 in Appendix B). Ninety percent felt school communications (e.g., newsletters, informational letters) were understandable and helpful (item 12). In addition, 90% of the

Table 4
Parent Perceptions
Southeast Health Professions Program
1990-1991

Item Content	Response Choices (N = 174) Yes	No
1. When child applied to Southeast application handled in reasonable amount of time.[1]	95%	5%
2. Know how students selected for magnet schools.	36%	64%
3. Think the way students were chosen for magnet schools is fair.[2]	44%	57%
4. Understand health professions theme.	75%	25%
5. Child was able to get the health professions classes he/she was interested in taking.	85%	15%
6. Satisfied with progress in health-related classes.	77%	23%
7. Satisfied with progress in career planning of child.	79%	21%
8. Satisfied with progress in basic skills.	70%	30%
9. Believe health professions program is beneficial for child's future.	85%	15%
10. Believe health professions program has increased child's interest in the health care field.	76%	24%
11. Believe health professions program offers child a sound education.	89%	11%
12. School communications are helpful and understandable.	90%	10%
13. Participation as a parent is welcome.	95%	5%
14. Overall, feel principal is responsive to your concerns.	90%	10%
15. School is kept clean and in good repair.	87%	13%
16. Child uses district transportation.	75%	25%
17. Transportation is safe.[3]	89%	11%
18. Would you recommend this magnet school program to other parents.	80%	20%
19. Overall, satisfied with Southeast magnet program.	80%	20%

Note: Percentages are rounded to the nearest whole percent. Percentages do not include those who did not express an opinion.

[1] Based on responses of parents whose children applied for admission to the program (N= 64). Those parents whose child was assigned are not included.

[2] Based on responses of parents who reported knowing how students were selected (N= 62).

[3] Based on responses of parents whose children use district transportation (N= 130).

parents reported feeling that the principal was responsive to their concerns (item 14). Lastly, when asked what rating they would give to the degree of safety they felt for their child while at Southeast, 14% rated the school as poor. About an equal number of parents felt the school safety was excellent (see Table B-1 in Appendix B).

Satisfaction with child's progress and program impact. Items 6 through 11 asked parents to indicate whether they were satisfied with the program and their child's progress in the program. Greater than 75% of the parents reported feeling satisfied with the progress their child had made in health professions classes and in the school's efforts to establish a career plan for their child. Seventy percent were satisfied with their child's progress in basic skills such as mathematics, English, and social studies.

Most parents believed the program would be beneficial for their child's future plans (item 9, 85%). Furthermore, 76% believed the program had definitely increased their child's interest in a health care related profession (item 10). Almost 90% of the parents believed the health professions magnet program offered their child a sound educational experience.

Lastly, parents were asked whether they would recommend the program to other parents (item 18) and whether they were satisfied with the overall program at Southeast (item 19). For both items 80% of the parents indicated that they were satisfied and would recommend the program to other parents. The results of the parent questionnaire indicate strong parental support for the magnet program in it's first year of implementation.

Additional parent questionnaire results can be found in Appendix B, Tables B-1, B-2, and B-3.

Student perceptions. In the spring of the 1990-1991 academic year, Southeast students (N= 151) participated in the data collection of perceptions of the magnet program. Greater than one-third of the English classrooms were randomly sampled for participation.

Students were administered a 51-item questionnaire which measured six broad areas of their magnet school experience in this first year: general program/school perceptions, theme-related activities, career planning/future plans, communication, assistance from teachers and counselors, and challenge of the program (see Table 5).

General program/school perceptions. Twelve items asked students to reflect upon their first year in the health professions magnet program at Southeast. While slightly more than 30% of the students reported applying to be in the health professions program, more than twice

Table 5
Student Perceptions
Southeast Health Professions Program
1990-1991

Item Content	Yes	No
1. I am glad I go to Southeast.	65%	36%
2. I applied to be at Southeast.	31%	69%
3. I am enrolled in a health class.	90%	10%
4. Overall, my teachers challenge me.	58%	42%
5. Had opportunity to use computers.	81%	19%
6. Taken foreign language class.	40%	60%
7. Had opportunity to participate in job training activities.	24%	76%
8. In health class, I have worked in teams.	65%	35%
9. Have taken class that gives me college credit.	19%	81%
10. Have met with counselors or teachers this year to develop a plan for my future career plans.[1]	41%	59%
11. I am a better health consumer because of health classes taken.	54%	46%
12. I feel safe at Southeast.	40%	60%
13. Able to take the health class signed up for.	58%	42%
14. Had opportunity to volunteer or work in health care setting.	27%	73%
15. I feel comfortable at Southeast.	58%	42%
16. Attended assemblies or classes in which a visiting health professional has spoken.	70%	30%
17. Have participated in internship program in health-related setting.[2]	27%	73%
18. I feel welcome at Southeast.	69%	31%
19. Taken Health Careers, Roles and Responsibilities class.	65%	36%
20-23. In my Health Careers, Roles and Responsibilities class I have learned how to:		
20. Manage stressful situations	51%	50%
21. Get myself motivated to do school work and home work	50%	50%
22. Better manage my time	52%	48%
23. Be a more successful student	61%	39%
24. Like the health classes taken this year.	57%	44%
25. Students at Southeast get along well with students of other races and cultures.	46%	54%
26. Learning a lot in my health classes this year.	69%	31%
27. At this point in my life, I think I would like to have a career in a health profession.	41%	59%
28. At this point in my life, I do not plan to graduate from high school.	36%	64%
29. At this point in my life, I think I will get a job after I graduate from high school.	62%	38%
30. At this point in my life, I think I will go to a vocational/technical school after high school.	29%	71%
31. At this point in my life, I think I will attend a junior college after high school.	37%	63%
32. At this point in my life, I think I will go to a university after high school.	59%	41%
33. Students at Southeast show respect for each other.	21%	79%
34. Other teachers helped me relate health to classes they teach.	55%	45%
35. Students well behaved in classes and halls.	16%	84%
36. Students care about each other.	27%	73%

Table 5 (continued)
Student Perceptions
Southeast Health Professions Program
1990-1991

Item Content	Yes	No
37. Classes seem too easy.	30%	70%
38. Teachers willing to work with me.	66%	35%
39. Counselors helped me plan course of study.	66%	35%
40. Classes are challenging.	66%	35%
41-45. There is good communication between students and:		
41. the teachers;	50%	50%
42. the principal;	24%	76%
43. the assistant principal;	67%	32%
44. the secretaries in the office;	32%	68%
45. the counselors.	72%	28%
46. Had opportunity fill out job or college applications, write a resume, and/or participate in interviews.	67%	33%
47. Participated in classes or activities which have given me information on how to plan for a career in a health-related field.	64%	36%
48. I think students at Southeast are helpful.	24%	76%
49. Had opportunity to be involved in health professions clubs or student groups.	27%	73%
50. Overall, self-discipline of the students has improved since the beginning of the year.	59%	41%
51. Overall, I like my classes at Southeast.	74%	26%

Note : Percentages are rounded to the nearest whole percent. Only those teachers who had expressed an opinion are included. Those responding "no opinion," "do not know," or "not applicable" are not included in the results.

[1] Only freshmen and seniors responded.

[2] Only juniors and seniors responded.

that many are glad they attended Southeast (item 1, 65%). Furthermore, almost 75% reported that they liked their classes at Southeast (item 51).

The student culture at Southeast appears to be less appealing to students. While 69% of the students felt welcome at school (item 18), and 58% felt comfortable at school (item 15), only 40% report feeling safe at school (item 12). Additional student responses may shed light on this situation. Students apparently felt their peers were not well behaved in the halls and classrooms (84% believed the student body was not well behaved, item 35). Furthermore, only 27% of the students felt that other students cared about each other (item 36) and only 24% found their peers to be helpful (item 48). Only 21% of the students felt that other students showed respect for each other (item 33). Alternately, almost 60% of the students believed that student self-discipline had improved since the beginning of the school year (item 50). Lastly,

less than half of the students felt that the students at Southeast get along well with students of other races and cultures (item 25).

Theme-related activities. Fifteen items addressed health professions classes, activities, and experiences of students. The responses indicated that 90% of the students sampled had been enrolled in a health professions class during the current year (item 3). Almost 70% of these students felt they had learned a lot in their theme classes (item 26) and 57% liked the health professions classes they had taken during the current year (item 24). However, only 58% of the students were able to enroll in the health professions class of their choice (item 13). Similarly, less than one-third of the students sampled had the opportunity to volunteer or work in a health-related setting (item 14), participate in an internship program in a health care setting (item 17), or be involved in health professions clubs or student groups (item 49). While the program would be expected to provide these opportunities to all students most, but not all, students did have opportunities to interact with visiting health professionals during class or in assemblies (item 16, 70%).

An entry level course, "Health Careers, Roles, and Responsibilities" was implemented during this first year to provide a multifaceted learning opportunity. Not only are students exposed to the health field and potential careers, but medical ethics, professional responsibilities, and personal growth are explored. In particular, students are provided guidance in managing stress, becoming more motivated learners, time management, and learning success strategies. As such, four items were asked of students regarding their experience in this important course. Of the responding students, 65% had enrolled in the class (item 19). At least 50% of the students who had enrolled in this course thought they had learned how to: manage stressful situations (51%, item 20); get motivated to do school work and homework (50%, item 21); better manage time (52%, item 22); and be a more successful student (61%, item 23).

Lastly, the program proposes to, among other important outcomes, create a greater awareness of the importance of being an informed health care consumer. Of the students who had enrolled in a health professions class, 54% believed they had become better health care consumers as a result of the classes taken (item 11).

Career planning/future plans. A series of items asked students to indicate what their future plans were at the time the questionnaire was administered (items 27-32). Three important results were identified:

1) Forty-one percent think they would like to have a health-related career (item 27);

2) Thirty-six percent did not plan to graduate from high school (item 28);

3) An approximately equal number of students will enter the work force as will go on to higher education at a university (items 29 and 32).

A portion of the students have reported that they have had career planning opportunities at Southeast. Forty-one percent indicated that they had met with counselors or teachers to develop a plan for their future career interests (item 10). Furthermore, greater than 60% had an opportunity to fill out job and college applications, write resumes, and participate in job interviews (item 46). Sixty-four percent had participated in classes or activities on how to plan for a career in a health-related field (item 47).

Communication. Student responses to items regarding communication with other program participants suggest that a significant portion of the student body feels an inability to communicate with program staff (see items 41-45). Fifty percent of the responding students do not perceive good communication with the teaching staff (item 41), and only 24% believe there is good communication between the principal and students (item 42). Alternately, a larger percentage of students believed communication was good between themselves and the assistant principals (67%, item 43) and the counselors (72%, item 45).

Assistance from teachers and counselors. In accordance with program goals to infuse the health professions theme throughout the curriculum, students were asked whether non-health theme teachers had helped them to relate health to the non-health classes they teach (item 34). Slightly more than one-half of the students indicated they had received this form of assistance from non-theme teachers. Greater than 60% of the students felt teachers were willing to work with them individually. Lastly, 66% of the students indicated that the counselors had helped them plan a course of study for their education in the health professions program.

Program challenge. The majority of students find the health professions magnet program challenging and have been challenged intellectually by their teachers. Only 30% of the students find the coursework to be too easy (see items 4, 37, and 40).

While the results of the student questionnaire are not as compellingly positive as those found for the parent questionnaire, the program appears to be positively received by students. Further, three-quarters of the students like their classes at Southeast and the majority feel challenged by the program. Students report having career planning opportunities and exposure to the theme from external sources and internal experiences.

Achievement

Achievement data were collected from the district's testing office for Southeast student test performance for the TAP, MMAT and DRP. Students were tested in the spring of the academic year.

TAP. Table 6 displays the obtained percentile ranks by content area tested, grade level of students, and minority group status of students. In addition, the national and district norms are reported for reference. Scores for 1991 and 1990 (baseline) are reported. The percentile ranks reported represent the percentile rank of the mean grade equivalent score for the subgroups of students and are based on 1985 individual student norms. As such, the reported percentile ranks indicate the relative performance of Southeast students when compared to the most recent norm group (1985). It should be noted that a percentile rank of 50 is considered to be the national average score by the publishers of the TAP.

While definitive conclusions cannot and should not be drawn from the data in Table 6, the reader is directed to the percentile ranks for minority students across the four content areas. At grade nine, minority students demonstrated gains from 1990 to 1991 in reading comprehension (6 percentile points (pp)), written expression (4 pp), mathematics (5 pp), and had a 3 percentile point decline for science. For grade ten students gains were found for each of the four content areas, with substantial gains for written expression (8 pp), mathematics (13 pp), and science (9 pp). Grade eleven minority students demonstrated gains for written expression (1 pp) and science (3 pp). Twelfth grade students had gains in reading comprehension (1 pp) and science (1 pp). Due to the low numbers of non-minority students at Southeast during these two years it is not advised to make comparisons from year to year. Data for non-minority students in 1991 demonstrate relatively higher achievement scores, as compared to minority students. This ethnic group discrepancy is also reflected in district-wide TAP achievement scores. Further, minority students are typically scoring below the national and district norms for 1991 while non-minority students at grades nine and ten are scoring above the district and national norms. At grade twelve, non-minority students are scoring below national and district norms in each of the four content areas. Furthermore, grade twelve minority students are outscoring non-minority students for reading comprehension, mathematics, and science.

MMAT. Results of the 1990-1991 MMAT testing for tenth grade students at Southeast can be found in Table 7. Included for reference are results for the district and for the state.

Table 6
Tests of Achievement and Proficiency
Southeast Health Professions Program
Spring 1990, 1991

	Reading Comprehension				Written Expression				Mathematics				Science			
Grade			Dist.	Nat'l			Dist.	Nat'l			Dist.	Nat'l			Dist.	Nat'l
Ethnic	1990	1991	1991	Norm	1990	1991	1991	Norm	1990	1991	1991	Norm	1990	1991	1991	Norm
Nine			41	50			45	50			37	50			40	50
Minority	21	27			32	36			20	25			23	20		
Non-Minority	--	66			---	53			---	50			---	73		
Ten			43	50			44	50			40	50			46	50
Minority	29	30			28	36			20	33			24	33		
Non-Minority	98[1]	64[2]			95[1]	81[2]			66[1]	76[2]			96[1]	74[2]		
Eleven			40	50			42	50			40	50			43	50
Minority	29	27			30	31			30	25			24	27		
Non-Minority	---	---			---	---			---	---			---	---		
Twelve			39	50			41	50			39	50			41	50
Minority	29	30			30	27			31	27			25	26		
Non-Minority	--	25[2]			---	34[2]			---	8[2]			---	17[2]		

Note: Percentile ranks are based on mean grade equivalent scores. Percentile ranks for ethnic groups may not represent all students tested as some students did not report on ethnic code.

[1]Based on 1 student.

[2]Based on 10 or less students.

Table 7
Missouri Mastery & Achievement Tests Average Scale Scores
Southeast, Grade 10
1990-1991

Location	English/ Language Arts	Math	Science	Social Studies
Southeast	225	256	263	249
District	273	278	282	268
State	313	326	327	302

For each of the four content areas examined, Southeast students scored below district norms and state norms. Comparison with the district indicated that Southeast students were approximately 20 average scale score points below district norms and approximately 60 average scale score points below state norms.

Degrees of Reading Power (DRP). Lastly, DRP results for grade 9 indicated that the district's mean DRP score was 63 with a percentile rank of 38. Southeast students had a mean DRP score of 60 with a percentile rank of 29.

Summary and Recommendations

Southeast Health Professions Magnet High School has completed its first year of implementation. Southeast grade nine enrollment exceeded program capacity. According to school leadership, a substantial retention rate at the ninth grade level and a large enrollment of contingency students who were placed at Southeast without an expressed interest in the health professions theme contributed to the high enrollment. Other grade levels were substantially under-enrolled. Grade twelve actual enrollment was 40% below the program capacity. Racial composition figures indicate that Southeast increased non-minority enrollment by at least 2% at each grade level and particularly at the ninth grade level where a 6% increase has occurred.

Implementation of the theme and the targeted classroom activities appear to be occurring with expected frequency, for a first year effort, with infusion at 12% across sampled classrooms. Further, use of the decision-making instructional model was found in 26% of the observation intervals. Career planning was documented in 6% of the observation intervals and appears to have been occurring primarily in theme classes. In addition, teachers are integrating

instruction in study skills and communication skills at an expected level. Alternately, evidence of these target behaviors and activities would be expected to increase substantially in the upcoming year.

Perceptions of staff, parents, and students are mixed regarding satisfaction with the health professions program. Teacher perceptions indicate dissatisfaction with instructional leadership and support from building level resource teachers. Teachers may be indicating that they have received administrative support but not instructional assistance to improve their implementation of the theme. A large minority of teachers indicated that they did not believe their students would make good academic progress in the program; slightly more than one-third of the teachers rated the overall program implementation as good or excellent. Alternately, most teachers felt professionally challenged teaching in the program.

Parent perceptions were generally favorable and supportive of the magnet program. Parents felt welcome at the school and informed of the activities of their children at Southeast. Ninety percent felt the principal was responsive to their concerns. Most importantly, parents believed the program was beneficial for their child's future plans, and greater than 75% believed the program had increased their child's interest in a health care related profession. A large portion of parents believed the program offered a sound educational experience. Lastly, 80% of parents would recommend the program to other parents.

Student perceptions of program implementation were mixed. However, student responses indicate the beginnings of feeling integrated into the program and the school. While slightly more than 30% of the students had applied to be at Southeast, more than twice that number are glad they attended Southeast. Furthermore, almost 75% liked their classes at Southeast. Alternately, students expressed concern regarding their peers behavior in classes and hallways and many (60%) did not feel safe at their school.

Students reported that they had learned a lot in their theme classes and a majority felt they had become better health consumers as a result of their attendance at Southeast. Forty-one percent of the students think they may like to have a career in a health profession. Of concern was the finding that greater than one-third of the students did not plan to graduate from high school. Lastly, a majority of students find the health professions magnet program challenging and report being challenged by their classroom teachers.

TAP achievement data suggest that minority students have made gains from the previous year, especially at grade ten. Students in the upper grades have shown less growth

than their younger peers. When students were tracked as a rough cohort group, growth was found for ninth to tenth grade in all four test subjects; for tenth to eleventh grade in all but reading comprehension; and for eleventh to twelfth grade in reading and science. Scores for non-minority students are typically larger than that found for minority students.

Based upon the evidence collected for this formative evaluation, the following recommendations are offered:

1. Attend to student and teacher concerns with safety on campus. Both groups have expressed the feeling that they are not safe while at Southeast. Increased security officers, better lighting, and controlled access into parking lots are but some of the possible avenues for improving the perceptions of an unsafe learning and teaching environment. Administration should explore alternatives with staff and students, and possibly parents.

2. Assure the successful integration of the health professions labs in the upcoming year. Due to the late implementation of the Dental Lab and the necessity for renovation and construction for new labs, teachers and students may not perceive the importance of these resources for the successful implementation of the theme. Stress the usefulness and how they can facilitate the learning process in all aspects of the curriculum.

3. Based on teacher perceptions, administrators should continue to find ways to integrate non-theme departmental members into the program. This would entail finding avenues of sharing between health professions and English, social studies, mathematics, and science. It is of concern to find one or more groups isolated from the theme because of the perceived lack of congruence between subject areas and health professions.

4. Begin to develop contingency plans to deal with impeded health professions program implementation when the new international studies theme is introduced in the upcoming year. Program leadership should consider the impact upon health professions implementation when an additional theme is added (e.g., dilution of focus by teachers upon health professions; possible transfer of students to new theme; competition for attention to implementation difficulties; resource allocation issues). Program leadership may wish to contact other dual theme high school leadership to identify potential pitfalls and methods for countering these issues.

5. Explore with teachers the perception that their students will not make good academic progress in the health professions theme. Forty percent of the teachers expressed this perception. This result has particularly profound implications for teacher morale and willingness to extend support to students. If teachers do not believe their efforts are contributing to student learning, it is extremely likely

that students will not make satisfactory progress. Leadership should explore with teachers how their efforts could be enhanced and supported.

6. Continue to provide staff development/in-service to teachers regarding infusion of the theme and implementation of the decision-making model and career planning model. While the results of this formative evaluation indicate a positive effort in the current year, these skills must be reinforced and emphasized on a regular basis for continued success. Teachers should be reminded regularly of the importance of these skills and how they will benefit the students in their classes.

7. Increased efforts to recruit students who are interested in the theme, thus reducing students not selecting the theme, will improve student perceptions of the program and their experiences in the theme. School leadership should continue recruiting efforts to assure a student body interested in the theme. This theme has face validity for drawing students from surrounding suburban locations. As such,school leadership may wish to initiate greater school-based, as opposed to district-based, recruitment efforts to attract interested students.

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Appendix A

Theme Activities and Field Trips

SOUTHEAST MAGNET HIGH SCHOOL
FOR HEALTH PROFESSIONS AND INTERNATIONAL STUDIES
3500 E. MEYER BOULEVARD
KANSAS CITY, MISSOURI 64132
(816) 871-0800

SPEAKER'S NAME	AFFILIATION	NUMBER OF STUDENTS
1. Dick Ashmuash	United Missouri Bank	180
2. Dr. Elliott Bass	Smithville Hospital	120
3. Dr. Stacy Battle	Dentist	20
4. Jerry Belcher	UMKC	40
5. Gwen Bowie	Truman Medical Center	97
6. Evelyn Brooks	CMSU	32
7. Mrs. Broows	Dietary	50
8. Christie Brown	Children's Mercy Hospital	164
9. Doris Brown	LeNail Beauty Salon	40
10. Brian Bullock	Mutual Benefit Life	140
11. Linda Callon	Teen Today Magazine	20
12. David Chism	K.C. Police Dept.	120
13. Vicki Cole	Mutual Benefit Life	100
14. Larry Coleman	Attorney	40
15. Gerald Collins	Godbold Graphics	40
16. Louwanna Counts	Attorney	20
17. Dr. LanTu Dang	Meyers Dental Clinic	40
18. Ed. Davis	Digital Equipment Corp.	40
19. James Davis	Image Magazine	80
20. Joan Demeter	Analysis International Corp.	40
21. Andrew Dominguez	Inroads	40
22. Olivia Dorsey	Channel 9	55
23. Rick Earls	Mutual Benefit Life	100
24. Kyle Farley	Pennacle Rehabilitation of Missouri	75
25. Kiley Floyd	Health Careers and Nursing Resource Center	80
26. Sandra Ford	Digital Equipment Corp.	20
27. Ivy Ganaway	Community Health Project	32
28. Randy Geuld	Swope Park Health Center	50
29. Janet Giesing	Truman Medical Center East	60
30. Warren Hawblitzel	American Red Cross	10
31. Kevin Henderson	Royal's Baseball	20
32. James Houston	Houston Enterprises	40
33. Larry Jackson	Sedic Marketing Co.	40
34. Linda Jaggi	Digital Equipment Corp.	20
35. Dr. Jancks	OB-GYN	12
36. Delma Johnson	Retired Educator	40
37. Janice Johnson	Parent Against Drug	24
38. Mrs. C. Jones	R.N.	20
39. Larry Jones	Associated Back Data Process	96

40.	Ms. Kasilan	From Nigeria	35
41.	Fred Kelly	Mid-America Regional Council	40
42.	Debbie Lang	Research Medical Center	32
43.	James Lannigan	Veterans Medical Center	32
44.	Steve Lemon	Digital Equipment Corp.	40
45.	Robert Lewis	Hanover in the Woods	40
46.	Mark & Ella McAffee	Magic Supply	40
47.	Frank McCoy	Employee Reinsurance	40
48.	Marnyce McKell	Fund Raisers and Association	40
49.	Don Maddux	Commercial Realty Resources	40
50.	Patrick Massey	U.S. Sprint	40
51.	Kathy Mesman	Butler Manf.	99
52.	Paul Mobiley	KS Child Service League	40
53.	Robert Myers	Truman Medical Center	80
54.	Dr. Howard Nelson	Dentisty	80
55.	Ed. Newsome	Newsome Realty	80
56.	Robert Newsome	Newsome Realty	80
57.	Sterling Newsome	Newsome Auto Body Shop	20
58.	Elmer Palmer	U.S. Sprint	40
59.	Pam Presley	Alcohol/Drug Counselor	100
60.	Christie Roberts	Children's Mercy Hospital	60
61.	Dr. Robinson	Podiatrist	32
62.	Dr. Rita Rodgers	Rodgers Health Center	20
63.	Ronald Rose	Southtown Glass Co.	20
64.	Humphrey Ross	Ross Interiors	40
65.	Michael Sanders	Marriage & Family Counselor	24
66.	Dr. Harvey Shaw	Dentist	72
67.	Kelly Smith	Avila College	32
68.	Dr. F. Spaletta	Dentistry	15
69.	Bill Stephens	UMKC	25
70.	Lauris Stephenson	Peace Corp	25
71.	Sunshine Clinic Personnel	Adolescent Resource Center	32
72.	Arletta Taylor	Digital Equipment Corp.	40
73.	Dr. J. Tenney	Swope Park Health Center	75
74.	Dr. Dan Tira	UMKC School of Dentisty	6
75.	John Toms	K.C. Police Depart.	120
76.	Dan Torpey	Employee Reinsurance	40
77.	Carol Urbanski	Independence Regional Health Center	60
78.	Bob Wagner	Digital Equipment Corp	40
79.	F.E. Wagner	UMKC	25
80.	Ed Wallace	Wallace Accounting	40
81	ELma Warrick	Heart of America Family Service	40
82.	Dr. H. Waxman		25
83.	Stephanie Whistler	Independence Regional Medical Center	60
84.	Donald White	Samuel Rodgers Health Center	160

85.	Scott E. Whitelaw	Today's Youth, Inc.	40
86.	Archie Williams	Adolescent Resource Corp.	125
87.	Romella Williams	Planned Parenthood	52
88.	Chuck Wilson	Economic Opportunity Foundation	40
89.	Walter Wright	Metropolitan Insurance Co.	40
90.	Ken Yancey	U.S. Sprint	40

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FOR HEALTH PROFESSIONS AND INTERNATIONAL STUDIES
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KANSAS CITY, MISSOURI 64132
(816) 871-0800

TO: William Moore, Ph.D.
Program Evaluation

FROM: Jerome Slowey, Program Adm.
Health Professions

SUBJECT: Field Trip Information

DATE: May 20, 1991

	DATE	SITE	NUMBER OF STUDENTS	
1.	09-20-90	Research Hospital	17	
2.	10-26-90	Allis Plaza Hotel	18	Issues in Black Health Care
3.	11-06-90	LabConCo	52	
4.	12-18-90	Community Blood Bank	27	
5.	12-19-90	Community Blood Bank	27	
6.	02-21-91	Health Department	06	
7.	02-21-91	St. Luke's College of Nursing	16	
8.	03-01-91	Hyatt Regency Hotel	26	Dental Association Exhibit
9.	03-19-91	Penn Valley Community College	43	Health Fair
10.	03-22-91	Bruce Watkins Cultural Center	40	
11.	04-10-91 04-12-91	Health Occupations of America Conference in Wichita	09	Three day Conference
12.	04-11-91	UMKC-School of Dentistry	26	
13.	04-19-91	Bruce Watkins Cultural Center	40	
14.	04-23-91	Pennacle Rehabilitation and Sports Medicine	22	
15.	04-25-91	St. Luke's College of Nursing	16	
16.	04-30-91	Pennacle Rehabilitation and Sports Medicine	16	
17.	05-17-91	Marion-Merrill-Dow Lab	22	
18.	05-22-91	Swope Park Health Center	16	
			446	

Field Experience Class:
Southeast Magnet High School had two Field Experience Classes during the second semester of 1990-1991. These classes required off-campus clinical observational rotation at medical sites. Between the dates of March 4, 1991 and May 9, 1991, these two classes had 66 field trips to Research Medical Center, Swope Ridge Geriatric Center, and Veterans Administration Medical Center. Approximately Thirty (30) students per day were transported to off-campus medical sites. 30 students/33 trips=990.

Appendix B

Additional Parent Perceptions

Table B-1
Additional Parent Perceptions
Ratings of Program Aspects

Item Content	Excellent	Good	Average	Fair	Poor	No Opinion
"How would you rate the performance of..."						
Southeast magnet program	15%	43%	28%	6%	3%	5%
School leadership	23%	32%	6%	2%	1%	36%
Classroom teachers	21%	36%	28%	3%	3%	9%
"What rating would you give to ..."						
Condition of school building	17%	40%	24%	9%	3%	7%
Opportunities for parent involvement	36%	37%	19%	5%	2%	1%
Opportunities for student to explore different careers	27%	28%	20%	8%	4%	12%
Safety for students at school	13%	25%	23%	17%	14%	8%

Item Content	Very Well	Fairly well	Somewhat	Not Very Well
"How well informed do you feel you are about Southeast?"	32%	26%	25%	17%

Note: Percentages are rounded to the nearest whole percent.

Table B-2
Ways Parents Learned about Southeast High

Source	1990-1991
Newspaper	18%
Radio	2%
TV	8%
Students	2%
Friend, relative, or neighbor	23%
School district brochures, newsletters	25%
School employees	2%
Other sources	2%

Note: Percentages are rounded to the nearest whole percent. Parents could respond to more than one category.

Table B-3

Reasons Parents Chose Southeast High

Reasons	1990-1991
Liked the magnet theme	36%
Child was assigned to Southeast	64%
Neighborhood school	80%
Attended last year	74%
Other children in this school	15%
Other Reasons	8%

Note: Percentages are rounded to the nearest whole percent. Parents could respond to more than one category.